THE WAIT TIME STRATEGY
REVIEW OF ACTIVITIES
APRIL-SEPTEMBER 2006

UPDATE #6 – September 19, 2006

INTRODUCTION

Reducing wait times for key health services is one of the Ontario government's top priorities and an important part of its strategy to transform the province's health system. Wait times are a symptom of a broader problem: managing how patients get access to care. On November 17, 2004, the Minister of Health and Long-Term Care, George Smitherman, officially announced Ontario's Wait Time Strategy. The Strategy is designed to reduce wait times by improving access to healthcare services for adult Ontarians in five areas ***by December 2006***: cancer surgery, selected cardiac procedures, cataract surgery, hip and knee total joint replacements, and MRI and CT scans.

This is the sixth in a series of updates on the Wait Time Strategy.[1] It presents the highlights and major accomplishments from April to September 2006.

HIGHLIGHTS AND MAJOR ACCOMPLISHMENTS

1. Reduced Wait Times

Ontario is meeting its commitment to reduce wait times in the five major areas.

As reported in the Wait Times Update #5, the Minister of Health and Long-Term Care, George Smitherman, announced Ontario's wait time targets for each of the five service areas. The Strategy now has ***twelve months*** of data on how long Ontarians waited for procedures in each of the five areas (August 2005 to July 2006). An analysis of this data indicates that:

- Wait times for ***all key services have decreased*** as measured by the 90th percentile (i.e., the point at which 90% of patients received their treatment).
- Ontario is meeting its wait time targets for cancer surgery and cardiac bypass surgery when the 90th percentile is viewed in relation to the Priority IV access targets (i.e., the least urgent cases). Our goal for cancer and cardiac surgery is to ensure that wait times stay within these targets.
- The provincial 90th percentile wait time for cataract surgery has decreased 19.6% or 61 days. Although Ontario is not yet meeting its access target for cataract surgery when the 90th percentile is viewed in relation to the Priority IV access target (182 days), 82% of people who need cataract surgery are now within this range. Working

[1] See www.ontariowaittimes.com for the first five updates.

in partnership with hospitals and Local Health Integration Networks (LHINs), our goal is to meet the cataract targets by April 2007. We are confident given the available capacity to do more of these surgeries and the innovative approaches that are being used to perform this procedure.

Wait Times Data: 90% Completed Within Target						
	Days			**Completed Within Target**	**Current vs. Baseline**	
	Baseline Aug/Sept 05	**Current Jun/July 06**	**Access Target (days)**		**Net Change (days)**	**% Change (in days)**
Cancer Surgery	81	78	84	91%	-3	-3.7%
Angiography	56	28	-	-	-28	-50.0%
Angioplasty	28	21	-	-	-7	-25.0%
Bypass Surgery	49	53	182	100%	4	8.2%
Cataract Surgery	311	250	182	82%	-61	-19.6%
Hip Replacement	351	288	182	77%	-63	-17.9%
Knee Replacement	440	388	182	65%	-52	-11.8%
MRI	120	92	28	42%	-28	-23.3%
CT	81	70	28	68%	-11	-13.6%

- The provincial 90th percentile wait times have decreased 17.9% or 63 days for hip replacements and 11.8% or 52 days for knee replacements. Although Ontario is not yet meeting its access targets for hip and knee joint replacement surgery when the 90th percentile is viewed in relation to the Priority IV access targets (182 days), 77% of hip replacements and 65% of knee replacements are now within this range. Physicians and hospital staff have worked very hard to perform 37% more joint replacements from November 2004 to March 31, 2006. Working in partnership with hospitals and LHINs, our goal is to meet the targets for hip replacements by April 2007. Very good progress is being made with knee replacements.

- The provincial 90th percentile wait times have decreased 23.3% or 28 days for an MRI scan and 13.6% or 11 days for a CT scan. Although Ontario is not yet meeting its access targets for MRI and CT when the 90th percentile is viewed in relation to the Priority IV access targets (28 days), 42% of MRIs and 68% of CTs are now within this range. Ontario hospitals have worked very hard to perform 8% more CT scans and 42% more MRI scans from November 2004 to March 31, 2006. Scanners are also being used more efficiently. Very good progress is being made with increasing access to MRI and CT scans.

2. Increased System Capacity Through More Funded Volumes

On September 12, 2006, Ontario's Premier, Dalton McGuinty, announced $108 million to support the Wait Time Strategy. Specifically, $50 million was dedicated to fund an additional 127,200 medical procedures in Ontario hospitals by March 31, 2007. This includes:

- 6,100 more cataract surgeries;
- 71,858 CT scans;
- 3,008 more hip and knee joint replacements; and
- 46,300 more MRI scans.

This mid-year increase was over and above additional wait time volumes that were allocated to hospitals on April 1, 2006 for 2006/07. In total, hospitals will have received $275.4 million in 2006/07 through the Wait Time Strategy to perform 281,423 additional procedures:

- 4,761 additional cancer surgeries;
- 31,950 additional cataract surgeries;
- 9,388 additional cardiac surgeries;
- 11,990 additional hip and knee replacements;
- 151,495 additional MRI scans; and
- 71,858 additional CT scans.

3. Increased System Capacity Through Greater Efficiencies

In addition to funding additional volumes, the Wait Time Strategy has focused on increasing system capacity through greater efficiencies.

The Strategy has ***linked additional funding of cases to conditions*** that promote system and process improvements.

Peri-operative Improvement Expert Coaching Teams – made up of clinical and administrative leaders with experience in effective management of peri-operative resources – have been working with hospitals to identify areas and develop strategies to improve peri-operative efficiencies. Hospital CEOs were informed of the coaching team initiative in late September 2005. As of August 2006, 23 peri-operative coaches have been trained, 13 hospitals have received peri-operative coaching and 18 additional hospitals have expressed interest.

Progress is being made on implementing the ***Surgical Efficiencies Program*** to assess surgical processes in hospitals and target areas for improvement. The Ministry has selected a vendor (McKesson) to develop and implement the program. All hospitals receiving wait time funding will be required to participate in the program. To date, eight hospitals are running the program with more than half of hospitals scheduled to participate by October 2006. The program will develop standard provincial performance targets to assess all surgical programs in Ontario, and generate site specific, peer group,

LHIN and provincial reports on surgical activity and performance. The program will also support hospitals as they work to reach performance targets.

Critical Care Improvement Coaching Teams have been developed in the areas of: i) critical care service appraisal; ii) end-of-life decision making; iii) intensivist-led ICU management model; iv) critical care surge capacity planning; v) patient flow and inter-unit coordination; and vi) leadership and team building. Team leads have been identified, and the teams selected and trained. A total of 41 hospitals applied to have a critical care coaching team work with them to improve their critical care services. All 41 hospitals have been scheduled for team visits. To date, coaches have visited 16 hospitals, with 24 additional hospitals scheduled for visits though September and October.[2]

4. Wait Time Expert Panels

Expert Panels are making a significant contribution to the success of Ontario's Wait Time Strategy by shaping the Strategy, creating momentum for widespread change, and impacting on the policies and decisions related to this initiative. Expert panels have continued to meet and provide ongoing advice on allocations and system improvements. A number of these panels have taken on expanded mandates as noted below. The panels include:

- Access to Care eHealth Expert Panel (formerly the Wait Time Information Management Expert Panel): Sarah Kramer, Chair.
- Cancer Expert Panel (formerly the Cancer Surgery Expert Panel): Cancer Care Ontario, lead organisation.
- Cardiac Care: Cardiac Care Network, lead organisation.
- Critical Care Expert Panel: Dr. Tom Stewart, Chair.
- MRI and CT Expert Panel: Dr. Anne Keller, Chair.
- Ophthalmology Expert Panel (formerly the Cataract Surgery Expert Panel): Dr. Philip Hooper, Chair.
- Orthopaedic Expert Panel (formerly the Hip and Knee Joint Replacement Expert Panel): Dr. Allan Gross, Chair.
- Primary Care/Family Practice Wait Times Expert Panel: Dr. Philip Ellison, Chair.
- Surgical Process Analysis and Improvement Expert Panel: Valerie Zellermeyer RN, Chair.
- Trauma Expert Panel: Dr. Murray Girotti, Chair.

In addition to these panels, the Ministry established the Diabetes Management Expert Panel in June 2006 to recommend how to implement a comprehensive provincial diabetes management plan for Ontario. Chaired by Dr. Catherine Zahn, the Panel's work will be completed by the end of 2006.

The Ministry is also in the process of establishing two other expert panels:

[2] For additional information, please see: www.health.gov.on.ca/criticalcare.

- The Quality and Safety Expert Panel – chaired by Dr. Michael Baker, University Health Network – will provide advice on quality and safety for all the wait time initiatives.
- The General Surgery Expert Panel – chaired by Dr. Ori Rotstein, St. Michael's Hospital – will provide advice on wait times and access to general surgery.

5. Information Management to Support the Wait Time Strategy

Phase 1 of the Wait Time Information System (WTIS) and the Enterprise Master Patient Index (EMPI) was successfully implemented as scheduled by March 31, 2006 at five hospitals: Grand River Hospital, Hamilton Health Sciences Centre, St. Joseph's Hamilton, Southlake Regional Health Care, and University Health Network. In addition, Grey Bruce Health Services implemented the EMPI. In Phase 1, over 300 surgical offices started using the WTIS and patient priority ranking scales developed by the clinical expert panels. This Phase captured about 18% of the incremental wait time cases in Ontario.

Phase 2 of the WTIS and EMPI implementation is well under way (April-December 2006). In this phase, 50 more hospitals are implementing the provincial system. By the end of December 2006, about 80% of all wait time funded cases will be in the provincial wait time system. By the end of Phase 2, the WTIS and provincial priority ranking scales will be used in over 1,400 surgical offices.

In Phase 3, about 25 additional hospitals will implement the provincial system (December 2006-June 2007) accounting for 100% of all wait time funded cases, and the participation of over 1,700 surgeons' offices.

As part of the Wait Time Strategy's information management and technology efforts, additional progress has been made in the following areas:

- A vendor has been selected to develop the *Provincial Critical Care Performance Measurement System* which will be piloted in seven hospitals between January and March 2007. The provincial roll-out will occur in 2007 in all hospitals that receive funding for critical care services.
- The *Provincial Surgical Information System* will track hospital peri-operative flow and productivity, help identify bottlenecks that lead to longer wait times, and focus efforts on areas that need to be improved. As noted above, a vendor has been selected to develop the Provincial Surgical Efficiencies Program which will be piloted in a small group of hospitals with a provincial roll-out in 2007. The Surgical Information System will support the Surgical Efficiencies Program.
- The Toronto Central LHIN Joint Health and Disease Management Information System is being developed to support a virtual LHIN joint program. This new model focuses on improving access across the continuum of care from primary care to post-operative rehabilitation. The information systems to support this model of care will be developed as a prototype to be used in other areas of the province and for other clinical programs.

6. Wait Times Web Site: www.ontariowaittimes.com

On October 24, 2005, for the first time in Ontario, the public was given access to wait time information for the five service areas in hospitals that received additional wait time cases. These waits reflect the length of time patients had to wait from the decision to have the procedure to actually receiving the procedure. Data is refreshed every two months. The website now has wait time information for June and July 2006.

Increasingly, the wait time information is being used by the province and LHINs to inform funding decisions, and by hospitals to help manage their patients. Since hospital-specific wait time data was first posted to June 2006, the website has had more than 1,200,000 hits. The site receives an average of 6,000 to 7,000 hits a day. The advertising campaign launched in March 2006 – *It's Worth Knowing* – has had a significant impact on website activity. As well, funding announcements in late April and September 2006 resulted in significant increases in the number of website hits.

7. Celebrating Innovations in Health Care 2007

On April 19-20, 2006, the Ministry and the LHINs co-sponsored the *Celebrating Innovations in Health Care Expo*, an event showcasing the wide range of innovative activities occurring in Ontario's healthcare system. Over 600 applications were received. The two-day event featured over 100 poster presentations, more than 80 display booths, over 35 interactive workshops and panel discussions, and five award-winning "showcase" innovations. Over 2,000 people attended this two-day conference.

This successful event will be held again in the Spring of 2007. Formal notices inviting organisations to submit their innovations will be sent out early in 2007.

8. Communications and Information

The Wait Time Strategy has made – and will continue to make – every effort to obtain input and communicate progress to the field through updates, the Ministry website, presentations at LHIN- and hospital-sponsored meetings, and the media. In particular, the Wait Time Information System (WTIS) has developed a vast array of communication tools, presentations and publications to support the education of surgeons and managers, and the implementation and adoption of the WTIS.

Significant efforts have also been made to communicate the Strategy broadly throughout Ontario, Canada and internationally in a series of articles published by Longwoods Publishing Corporation. We encourage healthcare providers, managers and others to review these articles:

- "Waiting Lists and Nursing" *Canadian Journal of Nursing Leadership* 18(4) 2005: 36-40.[3]

[3] See www.nursingleadership.net.

- "Ontario's Wait Time Strategy: Part 1" *Healthcare Quarterly* 9(2) 2006: 44-51.[4]
- "Expert Panels and Ontario's Wait Time Strategy: Part 2" *Healthcare Quarterly* 9(3) 2006: 43-49.[4]
- "The Pivotal Role of Critical Care and Surgical Efficiencies in Supporting Ontario's Wait Time Strategy: Part 3" *Healthcare Quarterly* 9(4) 2006: forthcoming.[4]
- "Developing a Culture to Sustain Ontario's Wait Time Strategy (Invited Essay)" *Healthcare Papers* 7(1) 2006.[5]

ONGOING ISSUES

Communications and Information

In spite of significant communication efforts, there are healthcare providers and managers in Ontario who have little or no awareness of the Strategy and the major changes that are taking place in this province's healthcare system. For example, our consultations have indicated that many physicians and managers have not even visited the wait times web site. We strongly encourage LHINs, hospitals, health care providers and managers to use the wait time information to discuss and address issues of access.

Increasing Attention on Equity of Access

Although average wait times have decreased in Ontario, wait times by LHIN and hospital have decreased at varying rates. Realistically, individual patients who wait an extraordinary long time for a procedure are not comforted to know that average waiting times have decreased. Given the significant amount of funding that government has provided for additional wait time cases, it is difficult to understand why some patients continue to wait well beyond target time frames in certain hospitals especially when more recently diagnosed, non-urgent patients are receiving their procedures.

Equity of access within a LHIN and across LHINs is a pressing issue for the Wait Time Strategy. We will be examining more closely why inequities exist and what hospital boards are actively doing to manage their wait lists. In addition, we will be encouraging LHINs to take a more active role reviewing local wait time imbalances between their hospitals, and managing them in partnership with their hospitals and adjoining LHINs.

Increasing Attention on Quality and Safety

Consistent with past practice, additional conditions will be associated with wait time funding in 2007/08. Quality and safety conditions will be identified by the newly created Quality and Safety Expert Panel noted in #4 above (Dr. Michael Baker, Chair). The panel will consider indicators such as *hospital standardized mortality rates* which are available from the Canadian Institute for Health Information for all Canadian hospitals, and the six initiatives of *Safer Healthcare Now* (suggested by the Canadian Patient Safety Institute and the Institute for Healthcare Improvement to improve hospital mortality

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[4] See www.healthcarequarterly.com.
[5] See www.healthcarepapers.com.

rates). All hospitals should be reviewing their hospital standardized mortality rates, and their compliance with the six *Safer Healthcare Now* initiatives.

Using the Hospital Board Wait Times Checklist

As noted in the *Wait Times Update #5*, hospital Boards are accountable for governing their organisation's access management strategy and assessing their hospital's performance compared to other hospitals in the LHIN and province. Hospital CEOs should be reporting at each regular Board meeting their hospital's wait time data and compliance with funding conditions. (Although it is recognised that the Wait Time Information System and the Enterprise Master Patient Index will make tracking this information easier, it is expected that hospitals should be documenting and tracking this information already.).

Below is the *Hospital Board Wait Time Checklist* that was included in the previous wait times update. It is recommended that the Board Chair ask the following questions of the CEO at each Board meeting.

HOSPITAL BOARD WAIT TIME CHECKLIST		BOARD TOOL
1. For each wait time procedure, what is our hospital's wait time data compared to every other hospital in our LHIN? What are you doing to manage our wait lists? What are you doing to make access more equitable between facilities?	√	
2. Show me the information that we are maintaining our base volumes in addition to performing the incremental cases. Show me the evidence that we are maintaining high quality care for all cases.	√	
3. How many patients in our hospital are waiting longer than the target for each wait time procedure? If this number is increasing, what are you doing to address the issue?	√	
4. How many patients have been waiting for surgery or a scan longer than 10 months? Have they been reassessed? Why are they still waiting? If this number is increasing, what are you doing to address the issue?	√	
5. Does the length of specialists' waiting lists vary significantly in our hospital? What are we doing to promote equitable access to specialists?	√	
6. Are we using surgical best practices? For example: Is the length of stay for our surgeries best practice? Is our use of day surgery best practice?	√	

IN CONCLUSION

We will continue to seek input and advice from local consultations and our expert panels on improving the system. To ensure that this advice is integrated and doable, we have established a Wait Time Executive Committee – comprised primarily of providers who are leading the expert panels – to advise the government on broad strategic approaches and how best to manage and sequence the wait time projects that are underway. This Committee is chaired by Alan Hudson and reports to Hugh MacLeod.

Rachel Solomon, Project Manager of the Ministry's Access to Services and Wait Times Office, is leaving the Ministry for a position at the University Health Network. I would like to thank Rachel for her invaluable contributions supporting the Wait Time Strategy since it began, and wish her well in her new position. I am pleased to welcome Melissa Farrell who is taking over as Project Manager of the Access to Services and Wait Times Office.

Finally, I would like to extend my congratulations to the thousands of individuals who have contributed to making the Wait Time Strategy a success, thus far. You have all helped to improve access, reduce wait times and implement new approaches to health care that will benefit of the citizens of Ontario. I thank you most sincerely and look forward to continuing to work with you.

I ask that everyone reading this update take responsibility for communicating the Strategy to others by circulating this communiqué as broadly as possible.

Alan R. Hudson, OC
Lead of Access to Services and Wait Times

Acknowledgement: Thanks are extended to Joann Trypuc for producing this update.